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HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chawla	Colleen	M.	(510) 339-1963
MAILING ADDRESS (Street)			FAX
1929 Arrowhead Drive			(510) 339-8064
(City)	(State)	(Zip Code)	
Oakland	California	94611	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MedImmune, Inc.		(301) 398-4715
MAILING ADDRESS (Street)		FAX
35 West Watkins Mills Road		(301) 398-9871
(City)	(State)	(Zip Code)
Gaithersburg	Maryland	20878
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Z. Bartz, President		(330) 761-9960
MAILING ADDRESS (Street)		FAX
State & Federal Communications, Inc. 80 South Summit Street, Suite 100		(330) 761-9965
(City)	(State)	(Zip Code)
Akron	Ohio	44308

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
<u>Pharmaceuticals</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

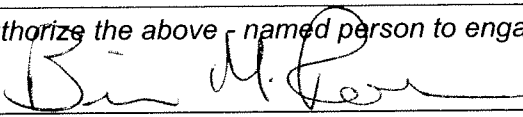


(Signature of Lobbyist)

1/4/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Brian M. Rosen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, Government Affairs	
NAME OF ORGANIZATION (if applicable) MedImmune, Inc.		TELEPHONE (301) 398-4715	
MAILING ADDRESS (Street) 35 West Watkins Mills Road		FAX (301) 398-9871	
(City) Gaithersburg	(State) Maryland	(Zip Code) 20878	
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.			
		1/03/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	